CLAIMS ONLY

Application Number	Filing Date
10	65	273	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7	1						57							
8		1					58							
9		1					59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14		1					64							
15		1					65							
16		1					66							
17		1					67							
18							68							
19		1					69							
20		1					70							
21		1					71							
22	1						72							
23							73							
24							74							
25							75							
26	1						76							
27	1						77							
28							78							
29		1					79							
30		1					80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	5						Total Indep							
Total Depend	25						Total Depend							
Total Claims	30						Total Claims							